F-144 (144 (144 (144 (144 (144 (144 (144	The same of the sa	MAAA					
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known			
FEE TRANSMITTAL				plication Number	10/517,6		
				ing Date	6/30/2005		
For FY 2009				st Named Inventor	Evert Johannes Bunschoten		
Applicant claims small entity status. See 37 CFR 1.27				Examiner Name Mei-Ping Chui			
				Art Unit 1616			
TOTAL AMOUNT OF PAYMENT (\$) 180.00			Att	Attorney Docket 0470 - 045923			
METHOD OF PAYMENT (check all that apply)							
Check Credit Card Money Order Other (please identify):							
Deposit Account Deposit Account Number: 23-0650 Deposit Account Name: The Webb Law Firm							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee							
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17							
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
FILING FEES SEARCH FEES EXAMINATION FEES							
Application Typ	Small F e Fee (\$) Fee		Small Enti Fee (\$)		mall Entity Fee (\$)	Fa	es Paid (\$)
Utility	330 82			220	110	<u>re</u>	es raid (3)
Design	220 11	0 100	50	140	70	•	
Plant	220 11	330	165	170	85	***************************************	
Reissue	330 16		270	650	325	***************************************	
Provisional	220 11		0	0	0		
1 EV CECC OF A DATE PERC							
Fee Description Fee (\$)							Small Entity) Fee (\$)
Each claim over 20 (including Reissues) 52							26
Each independent claim over 3 (including Reissues) 220							110
Multiple dependent c					390	195	
Total Claims	20 or HP Ex	tra Claims	Fee (\$)	Fee Paid (\$)		<u>Multiple</u>	e Dependent Claims
	=	x		***************************************		<u>Fee (\$</u>	<u>Fee Paid (\$)</u>
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims		tra Claims x	Fee (\$)	<u>Fee Paid (\$)</u>			
HP = highest number of	of independent claims pa						
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under							
37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Numb		lditional 50 or frac	tion thereo	f Fee (\$)	Fee Paid (\$)
100 = / 50 = (round up to a whole number) x =							
4. OTHER FEE(S) Fees Paid (\$)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): Supplemental Information Disclosure Statement							180
SUBMITTED BY							
Signature	Well !	1 /20		Registration No. (Attorney/Agent)	22,132	Telephone	412-471-8815
Name (Print/Type)	William H. Le	gsdon		, <u>,</u>		Date Oct	tober 22, 2009